

Authority to operate/power of attorney cancellation

What are your personal details?

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>	
First names	<input type="text"/>						Surname	<input type="text"/>	
Street no. & name								<input type="text"/>	
Suburb	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)								<input type="text"/>	
Suburb	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>	
Email								<input type="text"/>	

What are the details of the authority to operate / power of attorney you wish to cancel?

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no (if applicable)	<input type="text"/>
First names	<input type="text"/>						Surname	<input type="text"/>

What services should the authority to operate / power of attorney be cancelled from?

- I authorise to cancel the following products:
- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Visa Debit card | <input type="checkbox"/> Credit Card (additional card holder) | <input type="checkbox"/> Cheque book |
| <input type="checkbox"/> Internet banking | <input type="checkbox"/> All access to my account | |
- OR
- The above named person was not issued with access to this account.




Please sign below in black pen only

- ▶ Please cancel the authority to operate or power of attorney as detailed above.
- ▶ Refer to the fees and charges brochure for details on fees and charges.

Signature	<input type="text"/>
Date	<input type="text"/>

Office use only	Member no	<input type="text"/>
	Operator no	<input type="text"/>
	Date actioned	<input type="text"/>
	Sig verified by	<input type="text"/>

Returning this form

	Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128
	(02) 9704 8247
	members@tmbank.com.au